



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

CSABA TRUCKAI , et al.

Application No. 09/103,072

Filed: June 23, 1998

For: MOISTURE TRANSPORT SYSTEM FOR
CONTACT ELECTROCOAGULATION

Assistant Commissioner for Patents
Washington, DC 20231

V. Douglas
#8/a
1-4-00
Group Art Unit: 3736

Examiner: Gring, N

**RESPONSE TO OFFICIAL
ACTION MAILED JUNE 21, 1999**

2001 Ferry Building
San Francisco, CA 94111
(415) 433-4150

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: , Assistant Commissioner for Patents, Washington, DC 20231, on December 21, 1999.

LIMBACH & LIMBACH LLP

Date: 12/21/99

By: Pat Gamble
Pat Gamble

TECHNOLOGY CENTER 3700

Sir:

Applicants make the following amendments and remarks in response to the official action mailed June 21, 1999:

In the Claims:

Please amend Claims 5-7, 15, 17 and 24:

AT 5/21/99

5. (AMENDED) A method of ablating and/or coagulating tissue,
comprising the steps of: [The method of claim 4 wherein each
flexure includes]

(a) providing an ablation device including an expandable electrode
array carried by an elongate tubular member and a pair of elongate

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03 FC:202 312.00 00
flexures wherein each flexure includes at least one opening, the

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DA#:121420 Name/Number:09103072

FC: 704

\$5.00 CR

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LIMBACH & LIMBACH L.L.P.
2001 Ferry Building
San Francisco, CA 94111
(415) 433-4150

SP373 6 SP

Attorney Docket No. ENVS-220

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Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	(Col. 1)		(Col. 2)		(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	* 33	MINUS	** 31	= 2	x 18 =	\$ 36
INDEP.	* 11	MINUS	*** 3	= 8	x 78 =	\$ 624
FIRST PRESENTATION OF MULTIPLE DEP CLAIM						+ 260 =
						TOTAL \$ 670.00
						Small Entity 50% Filing Fee Reduction (if applicable) \$ 335.00

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- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

1. No additional fee is required.
2. A check in the amount of \$770.00 is attached to cover additional claims fee and three month extension of time.
3. Please charge any additional fees, including any fees necessary for extensions of time, or credit overpayment to Deposit Account No. 12-1420.
A duplicate copy of this sheet is enclosed.
4. Petition for extension of time. The undersigned attorney of record hereby petitions for an extension of time pursuant to 37 C.F.R. § 1.136(a), as may be required, to file this response.

LIMBACH & LIMBACH L.L.P.

By:

Kathleen A. Frost
Registration No. 37,326
Attorneys for Applicant(s)

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Dated: December 21, 1999

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